UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

NOV 18 2014
PRO SE OFFICE

GUGLIELMO R. SCIABICA
25 AVE D
NEW YORK, NY 10009

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

14 CV 09337

Jury Trial: ☐ Yes ☐ No
(check one)

ODYSSEY HOUSE
+ JUSTIN MICHELL (DIRECTOR)
100 WALL ST.
NEW YORK, NY

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff
Name GUGLIELMO R. SCIABICA
Street Address 25 AVE D
County, City NEW YORK,
State & Zip Code NY 10009
Telephone Number ____________

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1
Name ODYSSEY HOUSE
Street Address 100 WALL ST.

County, City NEW YORK
State & Zip Code NY
Telephone Number

Defendant No. 2
Name JUSTIN MICHELL
Street Address 246 E 121 ST
County, City NEW YORK, NY
State & Zip Code NEW YORK
Telephone Number

Defendant No. 3
Name
Street Address
County, City
State & Zip Code
Telephone Number

Defendant No. 4
Name
Street Address
County, City
State & Zip Code
Telephone Number

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than $75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal Questions ☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? —

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship
Defendant(s) state(s) of citizenship

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? NYC

B. What date and approximate time did the events giving rise to your claim(s) occur? 2005 – 2014

C. Facts: 1) DEFENDANT HAS + CURRENTLY DOES CAUSE ANGUISH + PAIN TO THE DEFENSLESS MENTALLY ILL AND ADDICTED.

2) THEY HAVE DONE SO TO PLAINTIFF PERSONALY TOO.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. EXTENSE MENTAL AND PHICALLY HARM.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I HEREBY PRAY THE COURT AWARD PLAINTIFF THE CASH AMOUNT OF $7,120,000 AND PUNITIVE DAMAGES AND ANY REMEDY AS PRESCIBED BY LAW.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of NOVEMBER, 20 2014

Signature of Plaintiff [signature]

Mailing Address 25 AVE D
NEW YORK, NY
10009

Telephone Number 1-646-395-4406

Fax Number *(if you have one)* ______

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this ____ day of ____________, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: ______

Inmate Number ______